Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public

B Check if applicable C Name of organization D Employer identification	ation number
Address JOINT COUNCIL 32 DRIVE	
	355545
Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number	
	31-5514
Amended return City, town, or post office, state, and ZIP code G Gross receipts \$	263,868.
Application MINNEAPOLIS, MN 55414 H(a) is this a group reti	urn
F Name and address of principal officer SAMANTHA GABRIEL for affiliates? SAME AS C ABOVE H(b) Are all affiliates inclu	Yes No
I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or X 527 If "No," attach a le	st (see instructions)
J Website: ► N/A H(c) Group exemption	number -
K Form of organization: Corporation X Trust Association Other ▶ L Year of formation: 1962 M	State of legal domicile: MN
Part I Summary	
Briefly describe the organization's mission or most significant activities PAC FUND Check this box If the organization discontinued its operations or disposed of more than 25% of its net ass Number of voting members of the governing body (Part VI, line 1a) 3	
Check this box if the organization discontinued its operations or disposed of more than 25% of its net ass	sets
3 Number of voting members of the governing body (Part VI, line 1a)	7
4 Number of independent voting members of the governing body (Part VI, line 1b)	0
Total number of individuals employed in calendar year 2012 (Part V, line 2a) Total number of volunteers (estimate if necessary) Ta Total unrelated business revenue from Part VIII, column (C), line 12 Ta	8
6 Total number of volunteers (estimate if necessary)	0
7 a Total unrelated business revenue from Part VIII, column (C), line 12	0.
b Net unrelated business taxable income from Form 990-T, line 34	0.
Prior Year 8 Contributions and grants (Part VIII, line 1h) 231,471.	Current Year
8 Contributions and grants (Part VIII, line 1h)	263,789.
9 Program service revenue (Part VIII, line 2g)	0.
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 77.	79.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 231, 748.	263,868.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	66,810.
14 Benefits paid to or for members (Part IIX column (A), line 4)	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	38,151.
16a Professional fundraising fees (Part IX, column (A), line 11e)	0.
15 Salaries, other compensation; employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 5 b Total fundraising expenses (Part IX, column (A), line 25) 5 c b Total fundraising expenses (Part IX, column (A), line 25)	105 020
17 Other expenses (Part IX, Column (A), lines 11a3 trd 111-24e)	187,238.
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses subtract line 18 from line 12 20 9 , 514.	<u>292,199.</u>
19 Revenue less expenses Sübtract line 18 from line 12 22, 234.	-28,331.
Beginning of Current Year 20 Total assets (Part X, line 16) 79,837. 21 Total liabilities (Part X, line 26)	End of Year
20 Total assets (Part X, line 16) 79,837.	51,506.
+2	<u>0.</u>
	51,506.
	knowledge and heliaf it is
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	Knowledge allu bellet, it is
Les de la complete, de complete, de complete de la	?
Sign Signature of officer Date	<u> </u>
Here WILLIAM & REYNOLDS SELRETARY-TREASURER	
Type or print name and title	
Print/Type preparer's name Preparer's signature Date, Check	PTIN
Paid ERIC C. BAERTSCH ERIC C. BAERTSCH 6/1/13 sett employed	
Preparer Firm's name LEGACY PROFESSIONALS LLP Firm's EIN	32-0043599
Use Only Firm's address 6800 FRANCE AVENUE SO., SUITE 550	952)841-3950

	f		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_ 1	77	<u>X</u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_	v	
	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3_	Х	
4	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u>X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	,		
_	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	110	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a	11	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		_X_
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		х
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		
5	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	ļ	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		İ	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	-	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			177
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		v
20	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
20a	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
U	ii 100 to iiio 200, did tiio organization attaon a copy or ito addited iirianola statemento to tiio retuin.		990	(2012)
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JOINT COUNCIL 32 DRIVE
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21	_X_	ļ
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			,
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u> </u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			İ
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)		•	1
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	_32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		77	
	Part V, line 1	34	X	77
35a	· · · · · · · · · · · · · · · · · · ·	35a		<u>X</u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			İ
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	-	\vdash
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			٧,,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	_37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	OOO	<u> </u> (2012)
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Form 990 (2012)

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14a

13b

13c

organization is licensed to issue qualified health plans

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

c Enter the amount of reserves on hand

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response to any question in this Part VI					X		
Sec	tion A. Governing Body and Management							
					Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1 <u>a</u>	7	']				
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent	1b	C] .				
2	and the second s							
	officer, director, trustee, or key employee?			2		X		
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervision					
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form	990 w	as filed?	4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X		
6	Did the organization have members or stockholders?			6	X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoin	t one or					
	more members of the governing body?			7a		X		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or					
	persons other than the governing body?			7b		Х		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by t	he following:					
а	The governing body?			8a	X			
b	Each committee with authority to act on behalf of the governing body?			8b		Х		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	ached	at the					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	ie Code)					
					Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х		
	If "Yes," did the organization have written policies and procedures governing the activities of such of	chapte	rs, affiliates,					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy bef	ore filing the form?	11a	X			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990				'			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to co	nflicts?	12b	X			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If							
	in Schedule O how this was done			12c		Х		
13	Did the organization have a written whistleblower policy?			13		Х		
14	Did the organization have a written document retention and destruction policy?			14		Х		
15	Did the process for determining compensation of the following persons include a review and approx	al by	ndependent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision				ľ			
а	The organization's CEO, Executive Director, or top management official			15a	L	X		
b	Other officers or key employees of the organization			15b		Х		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement	with a					
-	taxable entity during the year?			16a		X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its	participation					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organical states of the control of the contro							
	exempt status with respect to such arrangements?			16b				
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ► NONE							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sec	tion 501(c)(3)s only)	avaılat	le			
	for public inspection. Indicate how you made these available. Check all that apply							
	Own website Another's website X Upon request Other (explain	n ın So	chedule O)					
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or	conflict	of interest policy, ar	nd finai	ncıal			
	statements available to the public during the tax year							
20								
	SAMANTHA GABRIEL - 612-331-5514							
	3001 UNIVERSITY AVENUE SE, MINNEAPOLIS, MN 55414							
23200	3			Forn	990	(2012)		

12-10-12

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee "
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers; key employees, highest compensated employees, and former such persons

Check this box if neither the organization r	or any related	orga	ınıza	tion	cor	nper	nsat	ted any current officer, of	lirector, or trustee	
(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	ntion	i than i	one	Reportable	Reportable	Estimated
	hours per	box.	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		ceran	dad	recto	or/trus	tee)	from	from related	other
	(list any	ecto				İ		the	organizations	compensation
	hours for	F	يو			ated		organization	(W-2/1099-MISC)	from the
	related	stee	truste		يو ا	Bell		(W-2/1099-MISC)		organization
	organizations below	lal T	onal		ploye	E 8				and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Кеу еш	Highest compensated employee	Former			organizations
(1) SCOTT GELHAR	1.00									
PRESIDENT		<u> </u>		Х				9,600.	0,	0.
(2) MATT BALLARD	1.00	4								
TRUSTEE		<u> </u>		Х		igspace		3,300.	0.	0.
(3) BILL REYNOLDS	1.00	1	1						_	
RECORDING SECRETARY		<u> </u>		X	<u></u>	ļ		3,600.	0.	0.
(4) SAMANTHA GABRIEL	1.00							4 000		•
VICE PRESIDENT	 		ļ	X_	<u> </u>	-	<u> </u>	4,800.	0.	0.
(5) TOM BUCHAR	1.00	-						2 100		0
TRUSTEE	1 00	-		X		-	<u> </u>	2,100.	0.	0.
(6) ZACHARY RADZAK	1.00	-		٠,				2 600	0.	0
TRUSTEE	1 00	<u> </u>	-	X	-	-	\vdash	3,600.	0.	0.
(7) MIKE DEBUCK	1.00	-		3,5				4 000		0
SECRETARY TREASURER	 	-		X	<u> </u>	-	├	4,800.	0.	0.
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Form 990 (2012)

Form 990 (2	2012
Form 990 (2 Part VII	Se
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Par	t VII Section A. Officers, Directors, Tru		ploy	ees,			ghe	st C					
	(A)	(B)	(C) Position						(D)	(E)	İ	(F)	
	Name and title	Average		not c	heck	more	than		Reportable	Reportable	Estimat		
		hours per week					ıs bot or/trus		compensation from	compensation from related		amount o	
		(list any	È						the	organizations	۱ ,	compensation	
		hours for	gire				2		organization	(W-2/1099-MISC)	"	from th	
		related	tee or	stee			ansate		(W-2/1099-MISC)	,		organiza	
		organizations	Itrus	la tr		oyee	le e					and rela	ted
		below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			(organizat	tions
		line)	르	IS I	#5	X.	き	호			_		
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			L.	<u> </u>									
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1b	Sub-total						>		31,800.	0			0.
С	Total from continuation sheets to Part \	/II, Section A							0.	0			0.
	Total (add lines 1b and 1c)	·					>		31,800.	O	٠.		0.
2	Total number of individuals (including but	not limited to th	nose	liste	ed a	bov	e) wl	ho r	eceived more than \$100	,000 of reportable			
	compensation from the organization												0
									<u> </u>			Yes	No
3	Did the organization list any former office	r, director, or tri	uste	e, ke	ey ei	mple	oyee	, or	highest compensated e	mployee on			
	line 1a? If "Yes," complete Schedule J for	such individual			-		-					3	Х
4	For any individual listed on line 1a, is the s	sum of reportab	le c	omp	ens	atioi	n an	d ot	her compensation from	the organization			1
	and related organizations greater than \$1	•							·	•		4	Х
5	Did any person listed on line 1a receive or									dual for services			
	rendered to the organization? If "Yes," co								· ·			5	Х
Sec	tion B. Independent Contractors										•		
1	Complete this table for your five highest of	ompensated in	dep	ende	ent c	ont	racto	ors 1	that received more than	\$100,000 of compe	nsatı	on from	
-	the organization Report compensation fo												
	(A)								(B)		_	(C)	
	Name and busines	s address	N	ON:	E				Description of s	ervices	Cor	npensati	on
	Total number of independent contractors	lincluding but	20+ 1	ımıta	\d +~	the	200 1	etor	d ahove) who received a	nore than			
2			IULI		יני ונ)Se 11	აเ ८ (a above, who ledelved h	iore triali			
	\$100,000 of compensation from the organ	IIIZALIUII 🚩					<u> </u>				г.	orm 990	(2010)
											-	ハロロ マラし	(2012)

			Check if Schedule O cont	ains a response	to any question in	this Part VIII			
			Oneck if ochequie o done	ano a response	to any question in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts nts	1	а	Federated campaigns	1a					
our ja		b	Membership dues	1b					
S, (С	Fundraising events	1c					
ᆲ		d	Related organizations	1d	è		ľ		
ıs,		е	Government grants (contribut	ions) 1e	t.			-	
rior		f	All other contributions, gifts, gran	ts, and	-		1		
E E			similar amounts not included abo	ve 1f	263,789.	,			
d d		g	Noncash contributions included in lines	1a-1f \$					
Contributions, Gifts, Grants and Other Similar Amounts		h	Total. Add lines 1a-1f		>	263,789.			
					Business Code				
ဗ္ပ	2	а	<u> </u>						
e Ž		b							
Scan		С							
e a		d							
Program Service Revenue		е				· · · · · · · · · · · · · · · · · · ·			
هَ ا		f	All other program service reve	enue	L				
		g	Total, Add lines 2a-2f		•				
	3		Investment income (including	dividends, intere	est, and				
			other sımılar amounts)		▶	79.			
	4		Income from investment of ta	x-exempt bond p	roceeds 🕨				
1	5		Royalties						
				(ı) Real	(11) Personal				
	6	а	Gross rents						
		b	Less rental expenses						
			Rental income or (loss)						
l			Net rental income or (loss)		•				
	7	а	Gross amount from sales of	(i) Securities	(II) Other		,		
			assets other than inventory						
		b	Less cost or other basis				! 		
			and sales expenses		,				
		С	Gain or (loss)						
		d	Net gain or (loss)		P				
ne	8	а	Gross income from fundraisin	•					Į
ven			including \$	of					
Re			contributions reported on line					l	
Other Revenu			Part IV, line 18	а			.!		İ
ŏ			Less direct expenses	b drawna aventa				'	i
	ı		Net income or (loss) from fund Gross income from gaming ad			-			
	9	а	Part IV, line 19					v	
	!	L	Less direct expenses	a b					
			Net income or (loss) from gan				ľ		
	l		Gross sales of inventory, less	_					
	'	<u> </u>	and allowances	a					
	i	h	Less cost of goods sold	b					
	ı		Net income or (loss) from sale		———				
			Miscellaneous Revenu		Business Code				
	11	a	- Wildowali Codo Vioverio						
		b							
		c				•			
		ď				-			
	1		Total, Add lines 11a-11d		>				
	12		Total revenue. See instructions.			263,868.			
23200 12-10	9 -12								Form 990 (2012)

Secti	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)									
	Check if Schedule O contains a respon-	se to any question in thi	s Part IX							
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to governments and									
	organizations in the United States See Part IV, line 21	66,810.								
2	Grants and other assistance to individuals in									
	the United States. See Part IV, line 22									
3	Grants and other assistance to governments,									
	organizations, and individuals outside the									
	United States See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,									
	trustees, and key employees	31,500.								
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)	3,600.								
7	Other salaries and wages									
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)				 					
9	Other employee benefits				ļ <u>.</u>					
10	Payroll taxes	3,051.								
11	Fees for services (non-employees)									
а	Management				-					
b	Legal	F 700								
С	Accounting	5,700.			 					
d	Lobbying				 					
e	Professional fundraising services. See Part IV, line 17			ь н	<u> </u>					
Ť	Investment management fees									
g	Other (If line 11g amount exceeds 10% of line 25,									
40	column (A) amount, list line 11g expenses on Sch 0.)									
12	Advertising and promotion Office expenses	9,447.								
13 14	Information technology	3,840.								
15	Royalties	3,040.								
16	Occupancy									
17	Travel	8.								
18	Payments of travel or entertainment expenses		<u> </u>							
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	1,512.								
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization									
23	Insurance	725.								
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)	,	-							
_	amount, list line 24e expenses on Schedule (0.) ADMIN REIMB TO TEAMSTER	130,171.	· · ·	 						
a b	EDUC/PUBLICITY	35,334.								
	DUES/SUBSCRIPTIONS	501.			 					
d		3014								
	All other expenses									
25	Total functional expenses. Add lines 1 through 24e	292,199.								
26	Joint costs Complete this line only if the organization	•								
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									
	Check here If following SOP 98-2 (ASC 958-720)									

		Balance Gridet	_			
		Check if Schedule O contains a response to an	y question in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		79,837.	1	51,506.
	2	Savings and temporary cash investments		•	2	
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net			4	, ,
	5	Loans and other receivables from current and for	ormer officers, directors,			,
		trustees, key employees, and highest compens	· ·		Ì	
		Part II of Schedule L	. ,		5	
	6	Loans and other receivables from other disqual	ified persons (as defined under	-		
		section 4958(f)(1)), persons described in section				
		employers and sponsoring organizations of sec				
		employees' beneficiary organizations (see instr)			6	
ets	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
•	9	Prepaid expenses and deferred charges			9	
		Land, buildings, and equipment cost or other	1 1			
		basis. Complete Part VI of Schedule D	10a 436.	1		
	ь	Less accumulated depreciation	10b 436.	0.	10c	0.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities See Part IV, line	11		12	
	13	Investments · program-related See Part IV, line			13	
	14	Intangible assets			14	· ·
	15	Other assets See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equ	79,837.	16	51,506.	
	17	Accounts payable and accrued expenses		17		
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		_	20	
ç	21	Escrow or custodial account liability Complete	Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and forme	r officers, directors, trustees,			
abi		key employees, highest compensated employe	es, and disqualified persons			
=		Complete Part II of Schedule L			22	_
	23	Secured mortgages and notes payable to unrel	ated third parties		23	
	24	Unsecured notes and loans payable to unrelate	ed third parties		24	
	25	Other liabilities (including federal income tax, pa	ayables to related third			
		parties, and other liabilities not included on line	s 17-24) Complete Part X of			
	ŀ	Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
		Organizations that follow SFAS 117 (ASC 95	8), check here ▶			
ès		complete lines 27 through 29, and lines 33 at	nd 34.			
auc	27	Unrestricted net assets	-	79,837.		<u>51,506.</u>
Bal	28	Temporanly restricted net assets			28	
P	29	Permanently restricted net assets	,, 	4	29	
Ψ		Organizations that do not follow SFAS 117 (A	ASC 958), check here 🕨 📖 📗			
o.		and complete lines 30 through 34.				•
sets	30	Capital stock or trust principal, or current funds	T T		30	
Ass	31	Paid-in or capital surplus, or land, building, or e	i i		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	ncome, or other funds		32	F4 F06
-	33	Total net assets or fund balances	}	<u>79,837.</u>	33	51,506.
	34	Total liabilities and net assets/fund balances		<u>79,837.</u>	34	51,506.

Form **990** (2012)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2012)

За

X

Act and OMB Circular A-133?

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations. Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B Do not complete Part II A

If the organization answered "Yes." to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-F7, Part V, line 35c (Proxy Tax), then

	Section 501(c)(4), (5), or (6) organiza		y 182), of 1 offit 990-1	.z, rait v, illie 350 (Froxy	iax, ilieli
	ne of organization			Empl	loyer identification number
	JOINT C	OUNCIL 32 DRIVE			41-0855545
Pa	art I-A Complete if the org	janization is exempt und	er section 501(c)	or is a section 527 o	rganization.
2	Provide a description of the organize Political expenditures Volunteer hours	ation's direct and indirect politic	al campaign activities		66,810.
Pa	art I-B Complete if the org	ganization is exempt und	er section 501(c))(3)	
	Enter the amount of any excise tax			,(<u>o).</u> ▶\$	
	Enter the amount of any excise tax	· · · · · ·			S
	If the organization incurred a section			· ·	Yes No
	Was a correction made?	.,,,	, ,		Yes No
b	o If "Yes," describe in Part IV				
		janization is exempt und	er section 501(c)	, except section 501	(c)(3).
1	Enter the amount directly expended	d by the filing organization for se	ction 527 exempt fund	ction activities > \$;
	Enter the amount of the filing organ				
	exempt function activities			▶ \$	j
3	Total exempt function expenditures	Add lines 1 and 2 Enter here a	nd on Form 1120-POI		
	line 17b			▶ \$	Ves No.
4	Did the filing organization file Form	1120-POL for this year?			Yes No
5	Enter the names, addresses and er	nployer identification number (El	N) of all section 527 p	olitical organizations to whic	ch the filing organization
	made payments For each organiza	•			·
	contributions received that were pr		•	•	ate segregated fund or a
	political action committee (PAC) If	additional space is needed, prov	· — — — —	t IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
				<u></u>	
			ļ. <u>-</u>		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2012

232041 01-07-13

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Schedule C (Form 990 or 990-EZ) 2012 JO Part II-A Complete if the organ	INT COUNC	IL 32 DRIVE	n 501/0\/2\ and fil	41-0	0855545 Page 2
Part II-A Complete if the organ (election under section		npi under sectioi	n 50 r(c)(s) and m	ea Form 5706	
		hatad aroun (and hat un	Part IV and affiliated	aroun mombor's par	mo address FIN
A Check ► if the filing organization expenses, and share or			Part IV each anniated	group member s nai	rie, address, Eliv,
, r 			vicione apply		
Limits o	n Lobbying Expe	nditures		(a) Filing organization's	(b) Affiliated group totals
(The term "expenditu	res" means amou	ints paid or incurred.)		totals	
1a Total lobbying expenditures to influence	ce public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence	ce a legislative boo	dy (direct lobbying)	ļ		
c Total lobbying expenditures (add lines	1a and 1b)				
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (a	dd lines 1c and 1c	l)	ļ		
f Lobbying nontaxable amount Enter th	ne amount from the	e following table in bot	n columns		
If the amount on line 1e, column (a) or (b	is: The lob	bying nontaxable am	ount is:		
Not over \$500,000	20% of	the amount on line 1e			
Over \$500,000 but not over \$1,000,00	00 \$100,00	00 plus 15% of the exc	ess over \$500,000	ı	
Over \$1,000,000 but not over \$1,500,	000 \$175,00	00 plus 10% of the exc	ess over \$1,000,000		
Over \$1,500,000 but not over \$17,000	0,000 \$225,00	00 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,	000			
				1 3	
g Grassroots nontaxable amount (enter	25% of line 1f)				
h Subtract line 1g from line 1a If zero or	less, enter -0-				
i Subtract line 1f from line 1c If zero or	less, enter -0-				
j If there is an amount other than zero of	on either line 1h or	line 1i, did the organiza	ation file Form 4720		
reporting section 4911 tax for this year					Yes No
	ons that made a s		n do not have to comp		
colun			s 2a through 2f on pa	ıge 4.)	
	Lobbying Exper	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))			. 5		
				lu	
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2012

Schedule C (Form 990 or 990 EZ) 2012 JOINT COUNCIL 32 DRIVE 41-0855545 Page 3
Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(a)	·	(b	
	e lobbying activity	Yes	No	Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а					
-	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	1		i	
C	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
1	Other activities?				
j	Total Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			-	
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)(5), or se	ction	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)(5), or se	ction	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere	d "No," OR	(b) Par	t III-A, lin	ne 3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	tical			
	expenses for which the section 527(f) tax was paid).		'		
а	Current year		2a		
	Carryover from last year		2b		
c			2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	-	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	,cocc	-		
4	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	, ,	political			
_	expenditure next year?		4	· · · ·	
5 Dat	Taxable amount of lobbying and political expenditures (see instructions) rt IV Supplemental Information		5		
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, I	Part II-A (affilia	ted group	list), Part II-	·A, line 2,
	Part II-B, line 1 Also, complete this part for any additional information				
PA.	RT I-A, LINE 1:				
TO	HELP ADVANCE WORKER-FRIENDLY LEGISLATION THROUGH	SUPPORT	OF S	TATE	
<u>AN</u>	D LOCAL POLITICAL CANDIDATES.				

Schedule C (Form 990 or 990-EZ) 2012

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

2012
Open to Public Inspection

Name of the organization

Employer identification number

	JOINT COUNCIL 32 D	RIVE	41-0855545
Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		-
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
-	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised f	inde
5			Yes No
_	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a	• •	
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose con	
Da	impermissible private benefit?		Yes No
Par			iv, line /
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or		
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form of a	conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic st	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the org	ganization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, and enforcing conservation easements during	g the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) about		
	and section 170(h)(4)(B)(ii)?	•	Yes No
9	In Part XIII, describe how the organization reports conserva-	tion easements in its revenue and expense sta	tement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization		
	conservation easements		-
Pai	t III Organizations Maintaining Collections	of Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue statement	t and balance sheet works of art,
	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that desc	ribes these items	
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statement and	d balance sheet works of art, historical
_	treasures, or other similar assets held for public exhibition,		
	relating to these items	,	,,
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tr	easures, or other similar assets for financial da	
4	the following amounts required to be reported under SFAS		, 5.0140
_		TTO (NOO 300) Telating to these items	• •
a	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
b	Assets included in Form 990, Part X		▶ ▶

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Schedule D (Form 990) 2012

Schedule D (Form 990) 2012

232053 12-10-12

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

OMB No 1545-004/	2012	Open to Public	Inspection
S S	2	Ope .	2

Employer identification number 41-0855545 X Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection JOINT COUNCIL 32 DRIVE Part I General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization

2

2 Describe in Part IV the organization spinocedures for informing the use or grant full still the Orington States Describe in Part IV the organization spinocedures for informing the use or grant for some spinor of the programment of the spinor of the part IV fine 21 for some spinor of the	cedures for more	toring the use of grant	Idrids in the Office	omplote if the order	V" borowage gotteries	tred 000 mac to 1 ac	W line 21 for any	
٦ .	5,000. Part II car	o Organiizationis in une n be duplicated if additi	onal space is need	omplete ii tile orga led	ilization answered	63 (01 0111 000, 1 att	14, mic 4 1, 101 any	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
MINNESOTA DFL PARTY 255 E. PLATO BLVD.								
ST. PAUL, MN 55107	41-0629916	527	50,000.	0			POLITICAL	
2 Enter total number of section 501(c)(3) and government organizations	nd government o	suoi	listed in the line 1 table					0
S Enter total number of other organizations listed in the line in table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruc	lions for Form 990.					Schedule I (Form 990) (2012)	012)

Page 2

41-0855545

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Complete this part to provide the information required in Part II, line 2, Part III, column (b), and any other additional information	ide the informatio	n required in Part I, I	ne 2, Part III, columr	(b), and any other additional inf	ormation
	ORGANIZATION	ON EXERCISES	ES DUE DIL	DILIGENCE PRIOR	
G GRANTS AND OTHER ASSIS		S AND	OTHER ASSISTANCE	PANCE ARE	
ERAL USE OF THE	RGANIZATI	ON AND IND	IVIDUALS T	ORGANIZATION AND INDIVIDUALS THAT RECEIVE	
THEM. ALL GRANTS AND OTHER ASSISTANCE	FANCE ARE	E ARE APPROVED BY	THE	EXECUTIVE BOARD	
8	BOARD MINUTES	TES. DOCU	DOCUMENTATION FOR	FOR ALL	
TANCE IS	121	THE	ORGANIZATION OF	OFFICE. THERE	
ADDITIONAL MONITORING ONCE	THE CONTR	 IBUTI	IS MADE.		

Schedule I (Form 990) (2012)

SCHEDULE 0

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Employer identification number Name of the organization 41-0855545 JOINT COUNCIL 32 DRIVE FORM 990, PAGE 3, PART IV, LINE 12A AUDITED FINANCIAL STATEMENTS THE INDEPENDENT AUDITED FINANCIAL STATEMENTS ARE PREPARED ON THE MODIFIED CASH BASIS OF ACCOUNTING, WHICH IS A COMPREHENSIVE BASIS OF ACCOUNTING OTHER THAN GENERALLY ACCEPTED ACCOUNTING PRINCIPLES. FORM 990, PART VI, SECTION A, LINE 6: ANY MEMBER OF THE INTERNATIONAL BROTHERHOOD OF TEAMSTERS MAY BECOME A MEMBER OF DRIVE BY MAKING A ONE-TIME, WEEKLY, MONTHLY OR ANNUAL CONTRIBUTION. FORM 990, PART VI, SECTION A, LINE 8B: THERE ARE NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY. FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS PROVIDED TO, REVIEWED, AND APPROVED BY THE ENTIRE EXECUTIVE BOARD BEFORE FORM 990 IS FILED. FORM 990, PART VI, SECTION C, LINE 19: ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO MEMBERS BY REQUEST AT THE ORGANIZATION'S OFFICE. THESE DOCUMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2012 Open to Public Inspection

OMB No 1545-0047

Employer identification numbér Direct controlling 41-0855545 End-of-year assets **e** Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ▶ Attach to Form 990. Total income ਉ Identification of Disregarded Entitues (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) Legal domicile (state or foreign country) Primary activity 9 JOINT COUNCIL 32 DRIVE Name, address, and EIN (if applicable) of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service Part

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year) Part

(a)	(q)	(0)		(e)	((g)	, c. x. 4.9.
Name, address, and EIN	Primary activity	Legal domicile (state or	ge	Public charity	g	contro	led (S)
of related organization		foreign country)	section	status (if section	entity	entity	<i>''</i>
				501(c)(3))		Yes	No
TEAMSTERS JOINT COUNCIL NO. 32 - 41-0572005							
3001 UNIVERSITY AVE SE							
MINNEAPOLIS, MN 55414	LABOR UNION	MINNESOTA	501(c)5	Z	N/A		×
						-	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

232161 12-10-12 LHA

Schedule R (Form 990) 2012

Page 2 41-0855545

32 DRIVE COUNCIL JOINT Schedule R (Form 990) 2012

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

Part III

(K)	General or Percentáge managing ownership											
3	aneral or anaging artner?	es No									_	
Ξ	Code V-UBI amount in box 20 of Schedule	K-1 (Form 1065)						•				
£	Disproportion- ate allocations?	Yes No		 								
(6)	Share of end-of-year											
Θ	Share of total income											
(e)	Predominant income (related, unrelated, excluded from tax under	sections 512-514)										
(g)	Direct controlling entity					-						
(c)	Legal domicile (state or	country)	·						_			
(q)	Primary activity						(
(a)	Name, address, and EIN of related organization											

Identrication of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year) Part IV

(a)	(q)	(0)	(p)	(e)	()	(6)	Œ	€
Name, address, and EIN of related organization	Primary activity	<u> </u>	Direct controlling Type of entity S entity (C corp, S corp, or trust)	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	Section 512(b)(13) controlled entity?
								-
232162 12-10-12		29				Sch	Schedule R (Form 990) 2012	1 990) 2012

و

Yes No

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more re	slated organizations listed	ın Parts II-IV?		+
Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity					-E
Gift, grant, or capital contribution to related organization(s)		•		_	9
Gift, grant, or capital contribution from related organization(s)				_	5
Loans or loan guarantees to or for related organization(s)		٠		무	_
Loans or loan guarantees by related organization(s)		•		p	-
Dividends from related organization(s)				+	-+
Sale of assets to related organization(s)				19	
Purchase of assets from related organization(s)				1h	
Exchange of assets with related organization(s)				-I-	
Lease of facilities, equipment, or other assets to related organization(s)				Ţ.	
Lease of facilities, equipment, or other assets from related organization(s)				¥	
Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=	
Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			Ē	
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uoı			£	l
Sharing of paid employees with related organization(s)		;		9	
Rembursement paid to related organization(s) for expenses				1	×
Reimbursement paid by related organization(s) for expenses				5	
Other transfer of cash or property to related organization(s)				1	
Other transfer of cash or property from related organization(s)				15	
If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete t	is line, including covered	relationships and transaction thresholds.		
(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	nvolved	
(1) TEAMSTERS JOINT COUNCIL NO. 32	Д	130,171,COST	COST		
	3.0		Schedu	Schedule B (Form 990) 201	

Schedule R (Form 990) 2012 JOINT COUNCIL 32 DRIVE

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

gge Jip		<u> </u>]] ;
(k) rcenta vnersh						
2 2 S			 			
(j) Genera manag partne Yes						 c c
(h) (i) (j) (k) Dispropor- Code V-UBI General or Percentage bronds amount in box 20 managing ownership of Schedule K-1 partner? Yes No (Form 1065) Yes No						Cohodulo Di Francisco Di Constanti
(h) spropor- tionate ocations?						
(g) Share of end-of-year assets						
Share of total income						
Are all partners sec 501(c)(3) orgs ?						
91 () 14) Ye	-		 	 -		
Predominant income (related, unrelated, excluded from tax under section 512-514) y						
eign ngie						 -
(c) Legal domicile (state or foreign country)						
Leg (stat						
4						
(b) Primary activity						
(b) mary a			<u> </u>		1	
<u>q</u>					i	
7						
(a) Name, address, and EIN of entity						
(a) dress, a entity						
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Vame						
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31

Schedule R	(Form 990) 2012	JOINT	COUNCIL	32	DRIVE		<u>41-0855545</u>	Page 5_
Part VII	(Form 990) 2012 Supplemental Info	mation				<u> </u>		
	Complete this part to pro	vido addition	al information fo	r roen	nees to allestions on	Schedule R (see instri	ictions)	
	Complete this part to pro	vide addition	ai intormation ic	птезр	orises to questions on	Ochodale 11 (See Instit	10110110]	
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Form **8868**

(Rev January 2013)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

If you ar	e filing for an Automatic 3-Month Extension, complet	e only Pa	rt I and check this box			ightharpoons X
If you ar	e filing for an Additional (Not Automatic) 3-Month Ext	tension, c	omplete only Part II (on page 2 of	this form)		
Do not co	mplete Part II unless you have already been granted a	an automa	tic 3-month extension on a previous	sly filed For	m 8868	
Electronic	filing (e-file). You can electronically file Form 8868 if y	ou need a	3-month automatic extension of tin	ne to file (6	months fo	or a corporation
equired to	file Form 990-T), or an additional (not automatic) 3-mor	nth extens	ion of time. You can electronically fi	ile Form 88	68 to requ	iest an extension
f time to f	ile any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for 1	Transfers A	ssociated	With Certain
Personal E	senefit Contracts, which must be sent to the IRS in pap	er format	(see instructions) For more details o	on the elec	tronic filing	g of this form,
	rs.gov/efile and click on e-file for Charities & Nonprofits					
Part I	Automatic 3-Month Extension of Time	. Only s	ubmit original (no copies ne	eded).		
corporat	ion required to file Form 990-T and requesting an auton	natic 6-mo	inth extension - check this box and	complete		
Part I only						
	orporations (including 1120-C filers), partnerships, REM	ICs, and ti	rusts must use Form 7004 to reques	st an exten	sion of tim	e
	me tax returns	_	· · · · · · · · · · · · · · · · · · ·			
ype or	Name of exempt organization or other filer, see instru-	ctions		Employer	identificat	ion number (EIN) or
orint						
ile by the	JOINT COUNCIL 32 DRIVE					855545
lue date for iling your	Number, street, and room or suite no. If a P.O. box, so			Social se	curity num	ber (SSN)
eturn See	3001 UNIVERSITY AVENUE SE,					
nstructions	City, town or post office, state, and ZIP code For a fo	reign add	ress, see instructions			
	MINNEAPOLIS, MN 55414					
nter the F	Return code for the return that this application is for (file	a separa	te application for each return)			0 1
	· · · · · · · · · · · · · · · · · · ·		T::			
Applicatio	on	Return	Application			Return
s For		Code	Is For			Code
	or Form 990-EZ	01	Form 990-T (corporation)			07
orm 990-		02	Form 1041-A			08
orm 4720	(individual)	03	Form 4/20			09
orm 990-	PF	04	Form 5227			10
	T (sec 401(a) or 408(a) trust)	05_	Form 6069			11
orm 990-	T (trust other than above)	06	Form 8870			12
	SAMANTHA GABRII					
	oks are in the care of 3001 UNIVERSITY	Y AVE		IS, M	N 554	14
	one No ► <u>612-331-5514</u>		FAX No 🕨			. \square
	rganization does not have an office or place of business		*			▶ ∟
	s for a Group Return, enter the organization's four digit	1				
oox 🕨 L	If it is for part of the group, check this box		ch a list with the names and EINs o		ers the ext	ension is for
	uest an automatic 3-month (6 months for a corporation					
		t organiza	tion return for the organization name	ed above	The extens	sion
	r the organization's return for					
►L	X calendar year 2012 or					
►L	tax year beginning	, an	d ending			
2 If the	e tax year entered in line 1 is for less than 12 months, c	neck reas	on Initial return	Final retur	n	
	Change in accounting period					
	s application is for Form 990-BL, 990-PF, 990-T, 4720, 0	or 6069, e	nter the tentative tax, less any		_	^
	refundable credits See instructions			3a	\$	0.
	is application is for Form 990-PF, 990-T, 4720, or 6069,	-				-
	mated tax payments made Include any prior year overp			3b	\$	0.
	ance due. Subtract line 3b from line 3a Include your pa					_
	sing EFTPS (Electronic Federal Tax Payment System)			3c	\$	0.
Caution. I	f you are going to make an electronic fund withdrawal v	with this F	orm 8868, see Form 8453-EO and F	orm 8879	EO for pay	ment instructions
_HA Fo	or Privacy Act and Paperwork Reduction Act Notice,	see instr	uctions.		Form	1 8868 (Rev. 1-2013)

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